Adopted

Rejected

## **COMMITTEE REPORT**

YES: 4 NO: 3

## MR. SPEAKER:

Your Committee on Public Health, to which was referred Senate Bill 270, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

1 Page 1, between the enacting clause and line 1, begin a new 2 paragraph and insert: 3 "SECTION 1. IC 2-5-23-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE 4 5 JULY 1, 2006]: Sec. 21. Not more than thirty (30) days after a 6 change to the state Medicaid plan for the Medicaid program, the 7 office of Medicaid policy and planning shall submit a report of the 8 change to the commission and the legislative council in an 9 electronic format under IC 5-14-6.". 10 Page 22, line 1, delete "This section applies after" and insert: "If 11 approved by the office, a managed care organization may adopt a 12 plan for the collection of a copayment for services that are provided 13 to a Medicaid recipient in an emergency room. 14 (b) Each managed care organization must adopt a plan that 15 includes the following components:

CR027002/DI 77+ 2006

1	(1) The education of Medicaid recipients concerning how a
2	recipient may access health care services and modifications to
3	the recipient's health plan.
4	(2) Procedures to track visits to emergency rooms by Medicaid
5	recipients.
6	(3) Alternative sites for Medicaid recipients to receive health
7	care services.
8	(4) Methods to clearly identify a Medicaid recipient's current
9	status to a provider who is not a member of the recipient's
10	managed care organization.
11	(5) Procedures to pay for professional services provided to
12	screen a Medicaid recipient who seeks services in an
13	emergency room.
14	(6) Protocols for dispute resolution between the managed care
15	organization and providers.".
16	Page 22, delete lines 2 through 15.
17	Page 28, line 7, delete "not" and insert "Not".
18	Page 28, after line 41, begin a new paragraph and insert:
19	"SECTION 54. [EFFECTIVE JULY 1, 2006] (a) The office of
20	Medicaid policy and planning shall do the following:
21	(1) Study possible changes to the state Medicaid program or
22	other new programs that would limit or restrict a future
23	increase in the number of Medicaid recipients in health
24	facilities licensed under IC 16-28.
25	(2) Prepare a comprehensive cost comparison of Medicaid and
26	Medicaid waiver services and other expenditures in the
27	following settings:
28	(A) Home care.
29	(B) Community care.
30	(C) Health facilities.
3 1	The cost comparison must include a comparison of similar

CR027002/DI 77+ 2006

- services that are provided in the different settings.

  (b) Before October 1, 2006, the office of Medicaid policy and planning shall report its findings under subsection (a) to the select joint commission on Medicaid oversight established by IC 2-5-26-3.

  (c) This SECTION expires January 1, 2007.".

  Renumber all SECTIONS consecutively.
  - (Reference is to SB 270 as reprinted February 2, 2006.)

and when so amended that said bill do pass.

Representative Brown T

CR027002/DI 77+ 2006